

# Idaho Telephone Service Assistance Program (ITSAP) eManual

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## History & Background

Up until July 1, 1998, the Idaho Telecommunications Service Assistance Program (ITSAP) provided assistance in the amount of \$7.00 per month to persons who were:

- Participants in the Low Income Home Energy Assistance Program (LIHEAP),
- Sixty (60) years of age or older, and
- Head of household.

Beginning July 1, 1998, ITSAP provided assistance to low income participants with installation costs for residential basic telephone service and/or their monthly costs for basic residential telephone service whose household income was at or below 133% of the Federal Poverty Guideline. This expansion of telephone assistance provides another tool to move families towards self-reliance.

As of January 5, 2004, Community Action Partnership Association of Idaho (CAPAI) is responsible for administering ITSAP on a statewide basis. Applications are available at both local offices of the Idaho Department of Health & Welfare (IDHW) and Community Action Partnerships (CAPs).

## Introduction

This handbook provides instructions for staff to process applications for ITSAP. It is designed to be a reference guide for both regional offices of IDHW and CAPs.

To be determined eligible for ITSAP (Monthly Lifeline Assistance and/or Installation Link-Up Assistance), the participant must complete a Participant Assessment Application (HW0478) or Application for Assistance (AFA) in order to verify with the CAPs or IDHW that the household's total gross income is at or below 133% of the Federal Poverty Guideline. The current federal poverty guidelines can be found at the following web addresses:

- [www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov), or
- [www.idahocommunityaction.org](http://www.idahocommunityaction.org).

Once a household's total gross income is determined to be at or below 133% of the federal poverty guideline, a Notice of Decision (HW0537) is completed and submitted so that the applicant may participate in the Idaho Telephone Service Assistance Program.

**Note:** The correct Notice of Decision Form HW0537 will have a date of 10/07 and a Monthly Assistance benefit amount of \$13.50.

## Definitions

**ITSAP** = Idaho Telephone Assistance Program

**NOD** = Notice of Decision

**Applicant** = Low Income individual seeking telephone assistance

## Instructions for Completing Form HW0539

### Applicant Information

After the participant is certified income-eligible to participate in ITSAP, a **Notice of Decision (NOD)** is completed as follows:

HW0539 REV 10/2006				
State of Idaho Department of Health and Welfare Notice of Decision				
Case Number		Home Telephone Number		Phone Company
Applicant Name (last, first, middle initial)				Social Security Number
Name on Telephone Account (last, first, middle initial)				Social Security Number
Residential Address Street		City	State	Zip Code
Mailing Address (if different) Street		City	State	Zip Code

### Case Number

- Leave blank unless EPICS case number is known.

### Home Telephone Number

- The participant's residential telephone number must be active prior to the application date.
- Applications without telephone numbers will be considered incomplete and will not be processed (preparer will be notified).

### Phone Company

- Fill in the name of the eligible telephone service provider.

See [ITSAP Eligible Telephone Companies](#) for a complete list of current telephone service providers of ITSAP.

- If the participants' telephone provider is not on the list of eligible providers, the ITSAP credit cannot be applied. Deny the application.

**Note:** Verizon Wireless is not an eligible telephone provider.

Verizon land-line customers with a Local Bundle package on their telephone account will not be able to receive the ITSAP credit on their account until the Local Bundle package is removed.

### Applicant Name

- Name of participant applying for assistance.

Write the last name first, followed by the first name, and then the middle initial.

- Applicant must be a legal resident, head of household, authorized individual on the telephone account, and have their income verified at or below 133% of Federal Poverty Guidelines.

### SSN

- Participant's **S**ocial **S**ecurity **N**umber (SSN) must be on the application, if available.

If a SSN is not available, accept a substitute or ID number. In order to determine legal residence, however, a birth certificate or appropriate INS documents are required in addition to identity information, such as a legal residency card.

If the participant cannot produce documentation that shows legal residency, the state cannot give the benefit. Deny the application.

### Name on Telephone Acct

Name that appears on the telephone bill.

If the name is different from the applicant, verify that the individual is part of the household and that the applicant is an authorized individual on the account.

### SSN

**S**ocial **S**ecurity **N**umber (SSN) of the person whose name appears on the telephone bill.

### Residential Address

Physical street address where the telephone service is located; this address must be the address the telephone provider has on file for the telephone account.

## Mailing Address

Complete only if different from residential address.

## Instructions for Completing Form HW0539–Linkup Assistance

This section must be completed regardless if the participant has had a telephone installed in the prior sixty (60) days.

**Note:** One of the following boxes must be marked in the Telephone Installation Section in order to be complete.

### IF YOU HAVE HAD A TELEPHONE INSTALLED IN THE PRIOR 60 DAYS

Your application for Link-Up Assistance has been:

- ☐ **Approved**  
Please call the telephone service provider in your area to set up service. If you are eligible you will receive a reduction of the cost of your telephone installation. The reduction will be half of the cost up to \$30.00. If you are denied by the telephone company, you have the right to appeal this decision to the Idaho Public Utilities Commission.
- ☐ **Denied** Reason:
- ☐ **N/A (not applicable)** Reason:

If you disagree with the State's denial, you must file an appeal within 30 days of the date this notice is signed.

## Approval Section

If the household is determined eligible for Link-Up, the "Approved" field is checked on the form.

Eligible participants may receive assistance on the telephone installation costs, for up to 50%, but not in excess of \$30.00, incurred up to sixty (60) days prior to receipt of their NOD.

The phone must be installed before a participant may receive assistance. The NOD is valid for sixty (60) days from the date it is signed and provided to the participant. Applications without a telephone number will be returned and CAPAI will contact the individual who completed the application to try to obtain the missing information.

- Eligible Participants may receive Link-Up Assistance only once per residence.
- **Project Mutual Telephone (PMT)** and Edge Wireless customers will not receive a link-up credit. PMT is a co-op and they do not charge a fee for installation.

## Denied Section

If the participant has had a telephone installed within the last sixty (60) days, but is determined ineligible for Link-Up, place a check-mark in the **Denied** field on the form. The preparer must identify the reason for denial.

The participant has thirty (30) days from the date the NOD is signed to appeal a denial. The participant must request (in writing) a hearing with the IDHW Hearing Officer.

## N/A Section

If the participant has an existing telephone line that was installed past the sixty (60) days, or the participant is recertifying their existing account, the Telephone Installation (Link-Up) section is Not Applicable. Place a checkmark in the **N/A** field on the form.

## Instructions for Completing Form HW0539–Lifeline Assistance

**Note:** One of the following boxes must be marked in the Telephone Assistance Section in order for the form to be complete.

### IF YOU HAVE A TELEPHONE

Your application for Monthly Telephone Assistance has been:

☐ **Approved:**  
The Department of Health and Welfare will notify your telephone company of your eligibility. If your telephone company also determines you are eligible, the monthly cost of your basic residential telephone bill will decrease by **\$13.50**. You **MUST** continue to pay your monthly phone bill – this program will **NOT** pay the whole billing amount. Please allow 90 days from the date of this notice to have this reduction reflected on your phone bill. **Retain this notice for your records.**

☐ **Denied:** Reason:

☐ **Recertified:** Continuation of the **\$13.50** monthly residential telephone assistance.

If you disagree with the State's denial, you must file an appeal within 30 days of the date this notice is signed.

The monthly assistance is provided under the federal Lifeline Program. An eligible household will receive a monthly reduction of \$13.50 for their basic residential telephone service. It will appear as follows on the bill:

- A reduction of \$3.50 from state programs
- A reduction of \$3.50 from federal programs
- Subscriber line charge of \$6.50 is not applied to bill

## Approval Section

If the household is a participant that has not had Telephone Assistance within the last year, place a checkmark in the **Approved** field.

## Denied Section

If the participant is determined ineligible for Telephone Assistance, place a checkmark in the **Denied** field. The preparer must identify the reason for denial.

The participant has thirty (30) days from the date the NOD is signed to appeal a denial. The participant must request (in writing) a hearing with the IDHW Hearing Officer.

## Recertified

If the participant has received telephone assistance and is updating their information to recertify their income eligibility, place a checkmark in the **Recertified** field on the form.

## Instructions for Completing Form HW0539–Department Information

**Note:** This section must be completed in order for CAPAI to process the NOD. This section verifies that the CAP or IDHW regional offices verified income and approved the NOD for ITSAP to be applied to the applicants' telephone line.

If you have questions about this notice of decision, please contact your case manager/worker or ITSAP at (208) 375-7382.

**IF YOU HAVE QUESTIONS ABOUT YOUR TELEPHONE SERVICE OR BILLING ADJUSTMENTS, PLEASE CONTACT YOUR TELEPHONE COMPANY.**

Self-Reliance Worker Name	Telephone Number	Field Office	Date
Distribution: Original – Participant Yellow – CAPAI, Telephone Assistance, 5400 W. Franklin Road, Suite G, Boise, ID 83705 Pink - Case Record			

## Self-Reliance Worker Name

The name of the SR Worker or CAP employee who completed the NOD.

## Telephone Number

The contact information of person who completed the NOD.

## Field Office # or CAP

Regional Field Office or CAP where participant applied and NOD is completed.

## Date

Date the NOD is completed. This is also the date used to determine eligibility for retroactive benefits.

## Three Part NOD

The three parts of the NOD are distributed as follows:

- Original: Give to the participant.
- Pink: Place in applicant's file.
- Yellow: Forward to CAPAI at the following address:

Telephone Assistance  
5400 W. Franklin, Ste. G,  
Boise, ID 83705.

**Note:** Only send approved application to CAPAI. Do not send denied ITSAP applications.

## CAPAI NOD Processing

Once CAPAI receives the participant's NOD, it is entered into an on-line database. Every Monday, a report is generated for all applications entered into the database for the prior week. This report is sent via email to the individual telephone companies; the report lists the participants and their eligibility date.

Once the report is sent to the telephone company, the length of time it takes for them to apply the credit to the applicants account is out of CAPAI control; however, participants will receive retroactive credit back to their eligibility date.

The telephone provider notifies CAPAI of any applications for ITSAP that they are unable to process. CAPAI then notifies the applicant of the reason why credit was not applied to their account by sending a detailed letter that provides the following:

- Contact information for questions in regards to the telephone company's denial, and
- Any additional information or instructions that will help assist the applicant.



## ITSAP Recertification Process–Update Process

Ask if the participant is currently receiving ITSAP. When possible, have the participant bring in their most recent telephone bill to determine if they are receiving the credit. If the participant does not receive the credit or prior eligibility cannot be determined, treat the process as though it is a new application. Establish income eligibility by completing an AFA or HW0478. If they qualify to receive the ITSAP credit, complete [Form HW0539](#).

If a participant is recertifying their account, and the date on the NODs received by CAPAI are four (4) or more months prior to the participant's recertification date, the application will not be processed. It will be returned to the individual that prepared the NOD. Participants are eligible for twelve (12) months from the date of eligibility on their initial NOD and do not need to be recertified until that time.

If the participant is currently on ITSAP, and they have an open IDHW Food Stamp case, it is not necessary to send recertification paperwork on the individual. CAPAI will pull a report from the database for participants that are in their 10<sup>th</sup> month of receiving ITSAP to confirm eligibility and automatically recertify those households.

If the participant is currently on ITSAP and is not participating in IDHW Food Stamp program CAPAI will send a recertification letter to the participant one (1) month prior to their recertification date. The recertification date is eleven (11) months after the eligibility date in the lower right corner of the participant's original NOD. The letter will instruct the participant to schedule an appointment with either their local CAP or IDHW office for recertification.

NODs indicating changes to the address or personal information will be updated to the database, however, the recertification date will remain the date on the original NOD. When the NOD indicates a change in the participant's telephone number or their telephone company, the new information is updated to the database and a new eligibility date is reported to the telephone company. This is necessary for the telephone company to process the participant's Link-Up credit.

Please do not send duplicate NODs to notify CAPAI that a participant is not receiving ITSAP credit. CAPAI must be notified by telephone or in writing that a participant is not receiving ITSAP and this information will be documented, CAPAI will follow up and notify by phone or in writing the reason or situation that prohibited the ITSAP credit to be on the applicants' line.

## Telephone Company Responsibilities

The respective telephone companies will refer participants requesting an appeal of their eligibility decision to the Idaho Public Utilities Commission.

## Wireless Telephone Service

Currently, there are only three eligible wireless providers in Idaho:

- Clear Talk

- VCI Company
- Edge Wireless.

All other applications for ITSAP for cellular, wireless, or Cricket users will not be processed. Further inquiries should be directed to the Public Utilities Commission.

If a household is currently receiving ITSAP with a wireless telephone provider, and CAPAI receives an application for a member that is within the same household, the applicant with the existing benefit will continue to receive ITSAP.

## **Hearing Impaired Residential Line Service**

A basic residential service line used with any instrument (TTY/Telecommunications Device for the Deaf or FAX Machine) aiding the hearing impaired is eligible for ITSAP. Only one line per household is eligible for ITSAP. The participant must designate which line is to receive the ITSAP credit.

## **Billing Irregularities**

Should the phone bill be sent to a different person than the participant, or have another name, staff must verify that the responsible party is acting on the fiduciary behalf of the elderly or disabled participant.

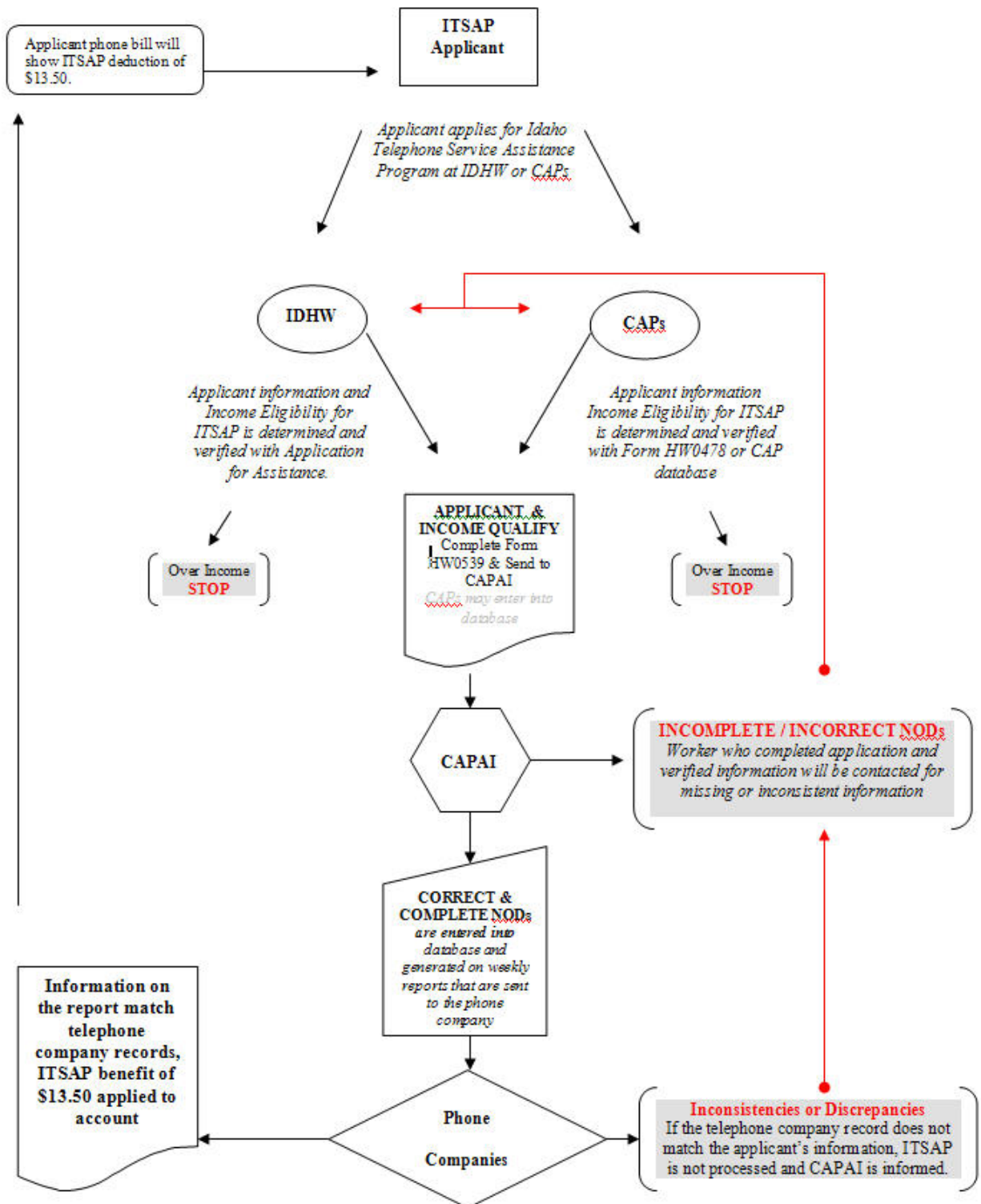
- Grandchild/child/other family member have assumed responsibility for insuring participant's bills are paid and needs are met.

The phone bill may then be sent to the responsible party outside of the participant's household/residence, so long as the responsible party's name and address appear on the application and it is narrated as to why this is the responsible party (i.e. elderly, disabled, hospitalized, etc.).

## **Electronic NODs**

Staff completing NODs on the CAPS database should print out a copy of the NOD and secure a participant signature. Another copy can be either printed and mailed/faxed, or emailed to [bcolpitts@capai.org](mailto:bcolpitts@capai.org)

## Flow Chart of ITSAP Application Process



<b>ITSAP Eligible Telephone Companies</b>	<b>Denial Phone Companies</b> <small>(Automatic denial for ITSAP)</small>
<ul style="list-style-type: none"> <li>▪ ATC Communications</li> <li>▪ Alltel Phone Company (New Plymouth, Weiser &amp; Emmett)</li> <li>▪ Blackfoot Telephone Cooperative</li> <li>▪ Cambridge/Council</li> <li>▪ CenturyTel</li> <li>▪ Citizens/Frontier</li> <li>▪ Clear Talk</li> <li>▪ Custer Telephone Cooperative</li> <li>▪ Direct/Rockland</li> <li>▪ Edge Wireless</li> <li>▪ Farmers Mutual Telephone Company</li> <li>▪ Filer Mutual Telephone Company</li> <li>▪ Fremont</li> <li>▪ Inland Cellular (Northern Idaho, does not overlap Inland Telephone Company Territory)</li> <li>▪ Inland Telephone Company</li> <li>▪ Midvale/Sawtooth</li> <li>▪ Mud Lake Telephone Cooperative</li> <li>▪ Oregon-Idaho Utilities, Inc.</li> <li>▪ Pine Telephone System, Inc.</li> <li>▪ Potlatch/Troy/TDS</li> <li>▪ Project Mutual Telephone Cooperative</li> <li>▪ Qwest</li> <li>▪ Rural Telephone Company</li> <li>▪ Silver Star/Columbine/Teton</li> <li>▪ VCI Company (Magic Valley Area)</li> <li>▪ Verizon/GTE</li> </ul>	<ul style="list-style-type: none"> <li>▪ ACN</li> <li>▪ AT&amp;T</li> <li>▪ Cable One</li> <li>▪ Cingular</li> <li>▪ ClearWire</li> <li>▪ CTC Telecom Inc. (Subsidiary of Cambridge Telephone Company in Hidden Springs Area)</li> <li>▪ Cricket</li> <li>▪ Electric Lightwave/Diverse Communications</li> <li>▪ Excel Communications</li> <li>▪ Grizzly</li> <li>▪ ICG Telecom Group/Level 3 Communications</li> <li>▪ KMC Telecom</li> <li>▪ McLeod</li> <li>▪ MCI</li> <li>▪ Nextel</li> <li>▪ The Local Connection</li> <li>▪ Reconnex</li> <li>▪ Regal Telephone Company</li> <li>▪ Rural Network Services</li> <li>▪ Sprint</li> <li>▪ T-Mobile</li> <li>▪ TW Wireless</li> <li>▪ U.S. Cellular</li> <li>▪ VarTec Telecom, Inc.</li> <li>▪ Verizon Wireless</li> <li>▪ VONAGE</li> <li>▪ Western Wireless</li> </ul>